


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90005 013 \*\*\*150.00

<b>DOCUMENT # P06000130877</b>																																																																																																																																			
<b>1. Entity Name</b> V & S INC OF KISSIMMEE																																																																																																																																			
<b>Principal Place of Business</b> 4643 W IRLO BRONSON MEMORIAL HWY KISSIMMEE, FL 34748 US			<b>Mailing Address</b> 7668 ST STEPHENS CT ORLANDO, FL 32835 US																																																																																																																																
<b>2. Principal Place of Business - No P.O. Box #</b> 7668 ST. STEPHENS CT.		<b>3. Mailing Address</b> Suite, Apt. #, etc.																																																																																																																																	
City & State ORLANDO, FL		City & State		<b>4. FEI Number</b> 20-5714810																																																																																																																															
Zip 32835		Country US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																															
<b>6. Name and Address of Current Registered Agent</b> GHAY, SATINDERPAL K 7668 ST STEPHENS CT ORLANDO, FL 32835			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																																
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>																																																																																																																																			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 5px;">11. 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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>																																																																																																																																			
<b>SIGNATURE:</b> <i>Satinderpal Ghay</i> <b>SATINDERPAL GHAY</b>			<b>2-24-08</b> <b>321.206-3450</b>																																																																																																																																
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>																																																																																																																																